

Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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A Public Document

1. Agency Name

*San Jose Police Dept.*

Division, Department, or Region (If Applicable)

*BFO Chief's Office*

Designated Agency Contact (Name, Title)

*Michelle Martinez - Staff Specialist*

Area Code/Phone Number

E-mail

*408-537-1802*

*michelle.martinez@sanjose.ca.gov*

Date Stamp City

*2015 DEC -1 PM 2:50*

California  
Form

**802**

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ *69.50*

Event Description *Trans Siberian Orchestra*  
Provide Title/Explanation

Date(s) *12 / 3 / 2015*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes: \_\_\_\_\_  
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<i>BFO Chief's Office</i>	<i>16</i>	<i>GOOD WORK OF EMPLOYEES</i>

  

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

  

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

*Johnson* *2710*

Signature of Agency Head or Designee

*JOHNSON FORM 6*

Print Name

*POLICE LIEUTENANT*

Title

*12-1-2015*

(Month, Day, Year)

Comment: